

## REPORT OF FORCE ACCOUNT WORKED

Contractor WSDOT  
Address SR 410 Job No. 083  
City N/A State WA Date 2/13/20

PROJECT NUMBER	PROJECT TITLE
	<u>Mt. Rainier Creek</u>

DESCRIPTION OF WORK
<u>General Liability - New Business Car.</u>

### TIME WORKED RECORD

ITEM NO.	CODE	WORKMAN AND/OR EQUIPMENT WORKING	OCCUPATION OF WORKMAN OR EQUIP. SIZE	CODE	CODE	HOURS WORKED		RATE	AMOUNT
						REG	O.T.		
1									
2									
3									
4									
5									
6									
7									
8									
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21									
22									
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24									
25									
26									
27									
28									
29									
30									
			MARK-UP						
			LABOR						
			MATERIAL / EQUIP.						
			SUBCONTRACTOR						
REMARKS (Explain Use of Codes)						TOTALS			

FRINGE BENEFITS					
MEDICAL AID (Hours)					
INDUSTRIAL INSURANCE (Hours)					
HEALTH AND WELFARE (Hours)					
PENSION (Hours)					
TRAVEL TIME (Days)					
F.I.C.A.					
UNEMPLOYMENT COMPENSATION					

X  
INSPECTOR  
Contractor's Representative  
X  
(SIGNATURE) (TITLE)  
DATE 20

**AssuredPartners of WA, LLC dba MCM**

1325 Fourth Ave, Suite 2100  
Seattle, WA 98101

KLB Construction, Inc.  
PO Box 158  
Mukilteo, WA 98275

**INVOICE**

Customer	KLB Construction, Inc.
Acct #	15
Date	02/13/2020
Customer Service	Don Bacic Maria Moss
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Payment Information	
Invoice Summary	\$ 250.00
Payment Amount	
Payment for:	Invoice#62359
88A2GL0002010-00	

Thank You

Please detach and return with payment

Customer: KLB Construction, Inc.

Invoice	Effective	Transaction	Description	Amount
62359	02/13/2020	New business	Policy #88A2GL0002010-00 02/13/2020-04/13/2020 American Alternative Insurance Corporation General Liability - New business Due Date: 2/23/2020	250.00

**Total**

\$ 250.00

Thank You

AssuredPartners of WA, LLC dba MCM  
1325 Fourth Ave, Suite 2100  
Seattle, WA 98101

(206)343-2323

**Date**

02/13/2020